EXHIBIT C

• •	PRO	PROOF OF CLAIM		
Name of Debtor	4	Case Number		
William S. REEVES	BK-	BK-5-06 10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative of arising after the commencement of the case. A "request" for payme administrative expense may be filed pursuant to 11 U.S.C. § 503	expense ant of an	Check box if you are aware that anyone else has filed a proof of claim relating to your daim. Attach copy of		
Name of Creditor and Address 11321241003 WILLIAM S REEVES 2930 E SERENE AVE HENDERSON NV 89074-6536	3069	check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTE ONE OF THE DE If you have air Bankruptcy Court	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS sady filed a proof of claim with the tor BMC you do not need to file again SE IS FOR COURT USE ONLY
Creditor Telephone Number (723) 646 - 7994 [Last four digits of account or other number by which creditor identifies	es debtor			E IS FOR COURT USE ONLY
0725	SS GEDICI	Check here replaced or if this claim amen	A NEOLANGIAN	rilled claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (Other claims against services (not for loan balances)
Services performed Taxes			5311	e la lore di la la
Money loaned Other (describe briefly) UNIAID TRINGIPAL AND IN	TREST .	compensation for services per - MAKLTON SQU	IARS	(date) to 4/12/06
2 DATE DEBT WAS INCURRED 4-12-06	3 IF C	OURT JUDGMENT, DATE C	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes See reverse side for important explanations	that best descri		unt of the claim at	the time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		and to a stage with the stage of
Check this box if a) there is no collateral or iten securing your claim or exceeds the value of the property securing it, or if c) none or only part of entitled to priority	b) your claim of your claim is	a right of satoff)	colleteral	red by collateral (including MARLTON) SQUARE NUST DEED ON 22.AC.
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehick	
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Collateral		2000 0000.
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	B) [Up to \$2,225" of deposits tows	ard purchase leas	e, or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 d before filing of the bankruptcy petition or cessation of the debtor's		services for personal, family, of Taxes or penalties owed to go	or household use -	11 USC § 507(a)(7)
business, whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable pan		• ,,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust		
5 TOTAL AMOUNT OF CLAIM \$	5 50	with respect to cases commer	AND CHILD WILL U.S.	\$ 50,000
AT TIME CASE FILED (unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition t	to the principal	amount of the claim Attach ite	mized statement	of all interest or additional charges
[6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS <u>Attach copies of supporting of running accounts</u> , contracts, court judgments, mortgages, secund DOCUMENTS If the documents are not available, explain If the BATE-STAMPED COPY To receive an acknowledgment of the support of the suppor	<i>locuments</i> , su ity agreement ne documents	uch as promissory notes, pure s, and evidence of perfection are voluminous, attach a sui	chase orders, in of lien DO NO mmary	roices, itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	i ale ming or y	our dain, enclose a stamper	u, seiraggresser	auvelobe stud coby or trus
The original of this completed proof of claim form must be a ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership governmental units)	pm, prevailin s, corporatio	ng Pacific time, on Novembers, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO- BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO UP	FIL	ED OCT 23 2006
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	ACM Claims Docketing Cente t Franklin Avenue	r	
El Segundo, CA 90245-0911 DATE SIGN and print the name and title if any, or		do, CA 90245 r other person authorized to file		USA CMC
10-19-06 this claim (attach copy of sowards		_ William S.	REEVES	1072500657

UNITED STATES BANKRUPTCY COURT	DD		1	
DISTRICT OF NEVADA	PRU	PROOF OF CLAIM		
N				
Name of Debtor	Case Nu	imber レイン		
USA Commercial Mortg Comp.	06-	-10728(LBR)		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment of	ense	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	JI ali	filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Rehberger Family 113212410000	91		!	
Trust dated 6-14-99		Check box if you have never received any notices		
Trust dated 6-17-92 Wannemarie Rehberger		from the bankruptcy court or BMC Group in this case	DO NOT FILE T	THIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NOT
P.O.Box 3651		Check box if this address	ONE OF THE D	
Incline Village NY 89450		differs from the address on the	If you have a	lready filed a proof of claim with the
Creditor Telephone Number 25 831 - 4444		envelope sent to you by the court		ort or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies d	ebtor			CE IS FOR COURT USE ONLY
ID 6239, acc+6736		Check here replace or fthis claim amend	a previous	ly filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S (C § 1114(a)	Unremitted principal
	Wages s	alaries and compensation (fi	ill out below)	Other claims against servicer
Money loaned Other (describe briefly)	Last four	digits of your SS#		(not for loan balances)
	Unpaid co	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED	la IE oc	NIDT HIDOHELE BATT OF		(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that i	best describ	OURT JUDGMENT, DATE OF	STAINED	the time consessed
See Side for important explanations			int of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	ur claim is soci	red by colleteral (maked)
Check this box if a) there is no collateral or lien securing your claim or b) ye exceeds the value of the property securing it, or if c) none or only part of you	our claim ir claim is	a right of setoff)	Jarto	ured by collateral (including NSGUARE
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of d	oliateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicl	e Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority			d other charge	at time case filed included in
Specify the priority of the claim		secured claim if any \$		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	d purchase leas	e or rental of property or
Wages salaries of commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family or	household use	11 USC § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	< 님	Taxes or penalties owed to gove		
Contributions to an employee benefit plan 11 USC § 507(a)(5)	7	Other Specify applicable parage * Amounts are subject to adjusti	maph of 11 USC	S § 507(a) ()
5 TOTAL AMOUNT OF CLAIM \$ 50,000,000		with respect to cases commence	ed on or after the	a date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 50,000,Prime	inal	[Intervest 1	ees	\$
Check this have folder includes interest an ethan of		cured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	principal ai	mount of the claim Attach item	zed statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit	ed and de	ducted for the purpose of ma	king this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security and DOCUMENTS. If the documents are not available explain. If the documents are not available explain.	<u>rents,</u> suc	h as promissory notes purch	ase orders inv	oices itemized statements of
in the documents are not available explain in the doc	cuments a	re voluminous, attach a sumi	narv	
8 DATE-STAMPED COPY To receive an acknowledgment of the f proof of claim	filing of you	ur claım enclose a stamped	self addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent b	y mail or	hand delivered (FAXES NO	T	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, p for each person or entity (including individuals, partnerships, cor	orevailing rporations	Pacific time, on November	13, 2006	USE ONLY
BY MAIL TO				
BMC Group	IVIC Group			
P O Box 911	ttn USAC 330 East F	M Claims Docketing Center Franklin Avenue		
El 3egundo CA 90245 0911	l Segundo	CA 90245		LED DEC 1 3 2006
DATE SIGN and print the name and title if any of the cothins claim (attach copy of power of atto hey	relitor or o	ther person authorized to file		ILLU DEO TO 5000
Sec 8.06 Mills claim (attach copy of power of attach exp	MINE	De Marinda		USA CMC
Penalty for presenting fraudulent claim is a fine of us to \$500 box	wer fe	er, i'wstel		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or in prisonment to ANNE MAIVE KEND	rorunto 5 y	gars or both 18 USC §§ 152	2 AND 3571	1072501782

Form B10 (Official Form 19) \$1006-10725-QWZ DOC+8345	NOTE INSTRUCTION ON OFFICE OF	5:16:16 Pa	ge 4 of 12	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVA		PROOF OF CLA	IM - Chapter	
Name of Debtor USA COMMERCIAL MORTGAGE	Case Number	(This space for cour	t use)	
COMPANY	BK-S-06-10725-LBR			
NOTE This form NOT be used to make a chain for an administrative expens case. A request for payment of an administrative expense may be filed put				
Name of Creditor (The person or other entity to whom the debtor owes	☐ Check box if you are aware that anyone else has filed a proof of			
money or property)	claim relating to your claim Attach copy of statement	<i>-</i>	<i>i</i>	
ROCKLIN/REDDING LLC	Giving particulars	C = 1		
News B Address where water a partie of the court	Check box if you have never received any notices from the	~ 1	12/20/06-	
Name & Address where notice should be sent	bankruptcy court In this case Check box if the address differs			
Stephen R Harris, Esq Belding, Harris & Petroni, Ltd	from the address differs from the address on the envelope sent to			
417 W Plumb Lane Reno, NV 89509	you by the court			
Telephone number (775) 786-7600				
Account or other number by which creditor identifies debtor	Check here if this claim	<u> </u>		
	□ Replaces □ Amends	A previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U S C	51114(a)		
Goods Sold Services Performed		OUT BELOW)		
선 Money loaned Personal Injury wrongful death	Unpaid compensation for services performance (Date)To	med from (Date)		
□ Taxes □ Other				
2 Date debt was incurred 08/11/05 Marlton Square (MS	Acq) 3 If court ju	igment, date obtained		
4 Total amount of claim at time case filed \$ \$225,000 00 plus	accrued interest, attorneys'	fees and costs		
If all or part of your claim is secured or entitled to priority, also complete	e Item 5 or 6 below			
E Check this box if claim includes interest, or other charges in addition	to the principal amount of the claim Atta	ch an itemized statem	ent of all interest or additional charges	
5 Secured Claim Check this box if your claim is secured by collateral	6 Unsecured Priority Claim Check this box if you have an unservative Amount entitled to priority \$	ecured priority claim		
(Including a right of setoff)	Specify the priority of the claim		•	
Brief description of collateral		s up to \$4,300* earne	d within 90 days before filing of the	
☐ Real Estate ☐ Motor Vehicles	§507(a)(3)		ess whichever is earlier 11 U S C	
Value of collateral \$	☐ Contribution to an employee be ☐ Up to \$1,950* of deposits towa family or household use - 11 U	d purchase, lease or r	§ 507(a)(4) ental of property or services for personal	
Amount of arrearage and other charges at time case filed included	D Alimony, maintenance or supple \$507(a)(7)		former spouse, or child - 11 U S C	
unsecured claim if any \$ to be determined	☐ Taxes or penalties owed to gove ☐ OTHER Specify applicable part			
\$ 10 the artermined	*Amounts are subject to adjustment on commenced on or after the date of adjustment		ee years thereafter with respect to cases	
7 Credits the amount of all payments on this claim has ben credited and d			(This space for court use)	
Supporting documents attach copies of supporting documents such as p statements of running accounts contracts court judgments mortgages NOT CEND ON COLUMN TO SUPPORT STATEMENT OF SUPPORT STATEMENT OF STATEMENT OF STATEMENT OF SUPPORT STATEMENT S	security agreements and evidence of perf	ection of lien		
DO NOT SEND ORIGINAL DOCUMENTS If the documents are not availab summary	ile explain. If the documents are volumin	ous attach a		
Date Stamped copy To receive an acknowledgment of the filing of your a copy of this proof of claim	claim enclose a stamped self addressed e	nvelope and		
		. 1	will builder the first the way to be a second	
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) FILED DEC 2 6 2006				
Stephen R Harris Attorney for Cred			USA CMC	
1 100-				
Penalty for presenting fraudulent claim. Fine of up to	o \$500 000 or imprisonment for up to 5 ye	ars or both 18 U S C	§152 & 3571	

Coco 06 10725 awz Doc 9244	2 En	torod 05/00/11 15:1	6:16 Pag	no 5 of 12	
11 Cade 30 10125 gwz Boc 0544	PRO	OF OF CLAIM	ιο.10 Γαί	JC 0 01 12	
Name of Debtor 1154 Commercial Mortsage Co	Case Nu	mber ⁻			
Name of Debtor 1154 Commercial Mortgage Co 1815 Acquisitron Company (Murlton Square 15+)	BK-S	3-06-10725LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment		Check box if you are aware that anyone else has filed a proof of claim relating			
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address.		to your claim Attach copy of statement giving particulars			
SB WRIGHT FAMILY 1132124100130	0	Check box if you have never received any notices			
TRUST DATED 12/28/94 C/O MELVIN B WRIGHT & SUSAN D WRIGHT TRUS 3983 S MCCARRAN BLVD	TEES	from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAI REST IN A BORROW BTORS	
RENO NV 89502-7510		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of cor BMC you do not	need to file again
Creditor Telephone Number () ast four digits of account or other number by which creditor identifies	debtor	court.		E IS FOR COURT	USE ONLY
	debtoi	Check here replace or if this claim amer	 a previously 	y filed claim dated	
1 BASIS FOR CLAIM Goods sold Personal mjury/wrongful death	_	enefits as defined in 11 U S	•	Unremitted p	
Services performed Taxes		salanes, and compensation (digits of your SS #	fill out below)	Other claims (not for loan	against servicer balances)
Money loaned Other (describe briefly)		compensation for services pe	rformed from	to	
2. DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b)		Check this box if y	our claim is secu	red by collateral (II	ncluding
exceeds the value of the property securing it, or if c) none or only part of ye entitled to priority	our claim is	a nght of setoff) Brief description of	collateral		
UNSECURED PRIORITY CLAIM		Real Estate	-	e Π Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$		Amount of arrearage as secured claim, if any	nd other charges	at time case filed	included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits town	ard purchase, lease	e or rental of propert	
Wages, salanes, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	,	services for personal family of Taxes or penalties owed to go		• '	
business, whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable par * Amounts are subject to adjust	• .		reafter
5 TOTAL AMOUNT OF CLAIM \$ \$	7	with respect to cases commer	nced on or after the		7
AT TIME CASE FILED (unsecured)		96.52 \$\$ ecured)	(pnonty)		, 52 (Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement of	of all interest or addi	tional charges
 CREDITS The amount of all payments on this claim has been cre SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security 	<u>uments.</u> su	ich as promissory notes, pur	chase orders, in	voices, itemized sta	atements of
DOCUMENTS If the documents are not available, explain if the a B DATE-STAMPED COPY. To receive an acknowledgment of the proof of claim.	documents	are voluminous, attach a sui	mmary		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	t by mail o	or hand delivered (FAXES N	IOT		FOR COURT
for each person or entity (including individuals, partnerships, governmental units)	corporatio	ns, joint ventures, trusts a	ar 13, 2000 nd	USE	ONLY
BY MAIL TO BMC Group	BMC Gro			LIEN CEE	2 8 2006
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	CM Claims Docketing Cente t Franklin Avenue	r	ITILLU SLI	2000
El Segundo, CA 90245-0911 DATE / SIGN and print the name and title if arry, of the		do, CA 90245		-	
1/25/06 this claim (attach copy of power of attor	ney if any)	besan Wall	east.		USA CMC
Melvin Bruce Wright, To	ustee	Susan Divid	At Truste	ع	1072500323
the wife that we have not	1	terreprins star de rec	1986' Wasan was wine		

Form B10 (Official Form 10) UNITED STATES BANKRUPTCY COURT - DISTRICT OF NEV	'ADA	PROOF OF CLAIM-chapter		
Name of Debtor USA Commercial Mortgage Company	Case Number BK-06-10725-LBR	(This space for court use)		
NOTH This form should NOT be used to make a claim of an administrative expense aris A frequest for payment of an administrative expense may be filed pursuant to I U S C	ong after the commencement of the case. Section 503			
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware			
Shelley Wike Cranley, Trustee	that anyone else has filed a proof of claim relating to your claim Attach copy of			
Name and Address where notices should be sent Shelley W Cranley	statement giving particulars Check box is you have never			
174 Mont Blanc Way	received any notices from the bankruptcy court in this case			
Las Vegas, NV 89124-9122	Check box if the address differs from the address on the envelope sent to you by the court			
Telephone No See Attached				
Account or other number by which creditor dentifies debtor Marlton Square	Check here if this claim			
1 BASIS FOR CLAIM	Retire benefits as defined in 11 USC			
☐ Goods sold ☐ Services performed	Wages salaries and compensation (FI Your Social Security #			
☑ Money loaned	Unpaid compensation for services pe	rformed from		
☐ Personal injury / wrongful death☐ Taxes	(date) To (date)			
□ Other				
2 Date Debt was incurred 08/11/2005	3 If court judgment, date obtained			
4 60 4 4 6 7 4 4 6 6 6 6 6 6 6 6 7 7 7 7 7 7				
4 Total amount of claim at time case filed \$200.000 (Unsecured) \$ If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 t ⊠ Check this box if claim includes interest or other charges in addition to the principal.	pelow	(Total) atement of all interest or additional charges		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 l	below al amount of the claim. Attach an itemized state of Unsecured Priority Claim Check this box if you have an unse	atement of all interest or additional charges		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 l Check this box if claim includes interest or other charges in addition to the principl Secured Claim	orlow al amount of the claim. Attach an itemized state of Unsecured Priority Claim Check this box if you have an unse Amount entitled to priority \$	atement of all interest or additional charges		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 l Check this box if claim includes interest or other charges in addition to the principle. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral	orlow al amount of the claim. Attach an itemized state of Unsecured Priority Claim Check this box if you have an unse Amount entitled to priority \$	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor's business whichever is earlier - 11		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to Check this box if claim includes interest or other charges in addition to the principal Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Motor Vehicle Motor Vehicle	or down and amount of the claim. Attach an itemized state of Unsecured Priority Claim Check this box if you have an unse Amount entitled to priority \$ Specify the priority of the claim Wages salaries or commission bankruptcy petition or cessatir USC \$ 507(a)(3) Contributions to an employee Up to \$2,100* of deposits tow	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor's business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) vard purchase lease or rental of property Or services for		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 t Check this box if claim includes interest or other charges in addition to the principle. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate Motor Vehicle Other Value of collateral \$	or diamount of the claim. Attach an itemized state amount of the claim. Attach an itemized state and amount of the claim. Check this box if you have an unse Amount entitled to priority \$	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor's business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4)		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to Check this box if claim includes interest or other charges in addition to the principal Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Motor Vehicle Motor Vehicle	or down and amount of the claim. Attach an itemized state of the claim. Attach an itemized state of the claim. Attach an itemized state of the claim. The check this box if you have an unse an unse amount entitled to priority \$\int \text{Specify the priority of the claim}\$\$Wages salaries or commission bankruptcy petition or cessation \$\text{USC \circ \c	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor s business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) vard purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) port owed to a spouse former spouse or child – 11 vernmental units 11 U S C § 507(a)(8)		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 l Check this box if claim includes interest or other charges in addition to the princips Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate Motor Vehicle Other Value of collateral \$ Amount of arrearage and other charges at time case filed included in secured claim,	or down and amount of the claim. Attach an itemized state of the claim. Attach an itemized state of the claim. Attach an itemized state of the claim. The check this box if you have an unse amount entitled to priority \$\int \text{Specify the priority of the claim}\$\$\text{Wages salaries or commission bankruptcy petition or cessation \$\text{U S C \sqrt{S}}\$\$\text{507(a)(3)}\$	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor is business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) vard purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) port owed to a spouse former spouse or child – 11 vernmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to Check this box if claim includes interest or other charges in addition to the principal Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Motor Vehicle Other Motor Vehicle Value of collateral S Amount of arrearage and other charges at time case filed included in secured claim, if any \$	di amount of the claim. Attach an itemized state and amount of the claim. Attach an itemized state and amount of the claim. Altach an itemized state and amount of the claim. Check this box if you have an unse Amount entitled to priority \$\frac{8}{2}\$. Specify the priority of the claim. Wages salaries or commission bankruptcy petition or cessatir. U S C \$ 507(a)(3). Contributions to an employee. Up to \$2,100* of deposits tow personal family or household. Alimony maintenance or supply U S C \$ 507(a)(7). Taxes or penalties owed to go OTHER - Specify applicable. *Amounts are subject to adjustment on to cases commenced on or after the date. The purpose of making this proof of claim. If the documents are voluminous.	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor is business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) vard purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) port owed to a spouse former spouse or child – 11 vernmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to 1. Check this box if claim includes interest or other charges in addition to the principal content of t	di amount of the claim. Attach an itemized state and amount of the claim. Attach an itemized state and amount of the claim. Altach an itemized state and amount of the claim. Check this box if you have an unse Amount entitled to priority \$\frac{8}{2}\$. Specify the priority of the claim. Wages salaries or commission bankruptcy petition or cessatir. U S C \$ 507(a)(3). Contributions to an employee. Up to \$2,100* of deposits tow personal family or household. Alimony maintenance or supply U S C \$ 507(a)(7). Taxes or penalties owed to go OTHER - Specify applicable. *Amounts are subject to adjustment on to cases commenced on or after the date. The purpose of making this proof of claim. If the documents are voluminous.	atement of all interest or additional charges cured priority claim. In up to \$4 650* earned with 90 days before filing of the on of the debtor's business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) varid purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) port owed to a spouse former spouse or child – 11 vernmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect of adjugment (This space for court use)		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to Check this box if claim includes interest or other charges in addition to the principal Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Motor Vehicle Other Motor Vehicle Other Motor Vehicle Value of collateral S Amount of arrearage and other charges at time case filed included in secured claim, if any \$	di amount of the claim. Attach an itemized state and amount of the claim. Attach an itemized state and amount of the claim. Attach an itemized state and amount of the claim. Check this box if you have an unse Amount entitled to priority \$	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor's business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) rard purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) port owed to a spouse former spouse or child – 11 vernmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect of adjugment		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to Check this box if claim includes interest or other charges in addition to the principal Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Motor Vehicle Other	la amount of the claim. Attach an itemized state of the claim. Attach an itemized state of the claim. Attach an itemized state of the claim. Amount entitled to priority \$\frac{Specify the Priority of the claim}{\text{Wages salaries or commission}}\$\text{ Specify the Priority of the claim}\$\text{Wages salaries or commission}\$\text{ bankruptcy petition or cessate U S C \sqrt{507(a)(3)}\$\text{ Contributions to an employee}\$\text{ Up to \$\frac{\$2,100^*\$ of deposits tow personal family or household \$\text{ Almiony maintenance or supp U S C \sqrt{507(a)(7)}\$\text{ Taxes or penalties owed to go OTHER - Specify applicable;}\$\text{ *Amounts are subject to adjustment on to cases commenced on or after the date.}\$\text{ the purpose of making this proof of claim.}\$\text{ to the purpose of making this proof of claim.}\$\text{ the purpose of making this proof of claim.}\$\text{ In the documents and evidence of perfection of lien laim.}\$\text{ If the documents are voluminous}\$\text{ or other person authorized to file this claim.}\$\text{ Cranley, Trustee}\$\text{ Trustee}\$\text{ Trustee}\$\text{ Cranley, Trustee}\$\text{ Trustee}\$ T	atement of all interest or additional charges cured priority claim. In sup to \$4 650* earned with 90 days before filing of the on of the debtor's business whichever is earlier – 11 benefit plan – 11 U S C § 507(a)(4) vard purchase lease or rental of property Or services for use – 11 U S C § 507(a)(6) port owed to a spouse former spouse or child – 11 vernmental units 11 U S C § 507(a)(8) paragraph of 11 U S C § 507(a)(———————————————————————————————————		



FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court - District of Nevada	PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Company				
NOTE This form should not be used to make a claim for an administrative ex of the case A "request" for payment of an administrative expense may be file				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Simon Family Trust	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving			
Name and address where notices should be sent Trustee of the Simon Family Trust 15517 Oakstand Court Poway, CA 92064	particulars Check box if you have never received any notices from the bankruptcy court in this case			
Telephone number	Check box if the address differs from the address on the envelope sent to you by the court	This Space is for Court Use Only		
Last 4 digits of account or other number by which creditor identifies debtor	Check here replaces a previously amends	filed claim dated 6 78 0 6		
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	☐ Retiree benefits as defined in 1 ☐ Wages, salaries, and compensate Last four digits of SS # Unpaid compensation for service from	tion (fill out below)		
2 Date debt was incurred August 11, 2005	12 76			
4 Classification of Claim Check the appropriate box or boxes that describes See reverse side for important explanations Unsecured Nonpriority Claim \$	Secured Claim Check this box if your claim is secured Brief Description of Collateral Real Estate Motor Vehicle O Value of Collateral \$ LANKO Amount of arrearage and other charge case filed included in the secured claim	ther		
 □ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) □ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the deotor's pusiness, whichever is earlier - 11 U S C § 507(a)(4) □ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) 	☐ Up to \$2,225* of deposits toward pure services for personal, family, or house! ☐ Taxes or penalties owed to government ☐ Other - Specify applicable paragraph of a Amounts are subject to adjustment on 4/1/07 respect to cases commenced on or after the da	nold use - 11 U S C § 507(a)(7) tal units - 11 U S C § 507(a)(8) f 11 U S C § 507(a)() and every 3 years thereafter with		
5 Total Amount of Claim at Time Case Filed \$	507,465 28	507,465 28		
(unsecured) Check this box if claim includes interest or other charges in addition to the or additional charges	(secured) (prior principal amount of the claim Attach itemize	*		
6 Credits The amount of all payments on this claim has been credited and de this proof of claim	educted for the purpose of making	This Space is for Court Use Only		
 Supporting Documents Attach copies of supporting documents such as proders, invoices, itemized statements of running accounts, contracts, court ju agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL are not available, explain If the documents are voluminous, attach a summa Date-Stamped Copy To receive an acknowledgment of the filing of your of self-addressed envelope and copy of this proof of claim 	Filed date 918106			
Sign and stint the name and title if any of the credit this claym rattach copy of power of attorney if any) Trustee Simon Family Trust	USA CMC			

Case 06-10725-gwz Doc 8344-3 Er	ntered 05/09/11 15:16:16 Page 8 of 12
Casa Nu	mber
Name of Debtor USA Connercial Montgage 06-1 Conpeny	0725-LBR
company	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
STEVEN ANTHONY FONTANA TRUST DTD 6/28/02 C/O STEVEN ANTHONY FONTANA TRUSTEE	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
262 VIOLET NOTE ST HENDERSON NV 89074-8900	Check box if this address differs from the address on the envelope sent to you by the court If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number (76) 30% - 00 V	
Last four digits of account or other number by which creditor identifies debtor CLIENT ED 7011 ACCT ED 7114	Check here replaces or a previously filed claim dated amends
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C § 1114(a) Unremitted principal
	salaries, and compensation (fill out below) r digits of your SS # Other claims against servicer (not for loan balances)
2	compensation for services performed from to
2 DATE DEBT WAS INCURRED 08/12005 3 IF C	(date) (date)
	ribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is	Check this box if your claim is secured by collateral (including a right of setoff)
entitled to priority	Brief description of collateral
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority Amount entitled to priority \$	Value of Collateral \$ 3600000
Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any \$ 360000 (APP 10%)
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other - Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ \$ 60	with respect to cases commenced on or after the date of adjustment \$\times \text{\text{\$\text{COV} \text{\$\
AT TIME CASE EILED	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	I amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , s	such as promissory notes, purchase orders, invoices litemized statements of
running accounts contracts, court judgments, mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	s are voluminous, attach a summary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporating governmental units)	ng Pacific time, on November 13, 2006 USE ONLY
BY MAIL TO BY HAND BMC Group BMC Gro	
P O Box 911 1330 Ea	ACM Claims Docketing Center st Flanklin Avenue ndo/CA 90245
DATE . ISIGN and print the name and title if any of the creditor	er other person authorized to file
this claim (attach copy of power of atterfrey if any)	USA CMC
Pandty for presenting freudulant claim is a fine of up to \$500,000 or impresentant for the tr	5 years or both 18 U.S.C. 88 152 AND 3571

Case 06-10725-gwz Doc 83	44-3 En	<u>tered 05/09/11 15:1</u>	<u>.6:16 Pag</u>	e 9 of 12
	PRO	OOF OF CLAIM		Copy
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-10	725-LBR		,
NOTE See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative arising after the commencement of the case. A "request" for paymed ministrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: 1132124203 SWILLEY, LOUIS 4314 DICKSON STREET HOUSTON TX. 77007	ent of an	Check box if you are aware that anyone else has filed a proof of claim retaing to your claim. Attach capy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the	WHOSE LGAN IS DESTORS YOU I OF CLAIM. THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have also	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE DO MOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS. BERG BERG BERG BERG BERG BERG BERG BORROWER THAT BERG BERG BERG BORROWER BERG BERG BERG BORROWER BERG BERG BERG BORROWER BY A BORROWER BY THE BERG BORROWER BY A BORROWER BY A BORROWER BY THE BERG BERG BORROWER BY A BORROWER BY BY A BORROWER BY A BORROWER BY A BORROWER BY A BORROWER BY BY BY BY A BORROWER BY
Creditor Telephone Number (113) 463-0633		envelope sent to you by the court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identification	les debtor	Check here repla	ces a previously	filed claim dated.
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U.S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages.	salaries, and compensation ((M) out below)	Other claims against service
Services performed Taxes		r digits of your SS #		(not for loan balances)
Money loaned	Unpaid	compensation for services pe	rformed from:	undetermined at to face time
2. DATE DEBT WAS INCURRED	3. IF C	OURT JUDGMENT, DATE O	STAINED.	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxe. See reverse side for important explanations.	s that best desc	ibe your claim and state the amo	unt of the claim at t	he time case filed.
UNSECURED NONPRIORITY CLAIM \$ 16,37774 Check this box if: a) there is no colleteral or lien securing your claim, a exceeds the value of the property securing it, or if c) none or only part entitled to priority UNSECURED PRIORITY CLAIM	JE DJ YOUR CIZERII	SECURED CLAIM Check this box if y a right of setoff) Bnef description of	i collateral	red by collateral (including
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Collateral		C Other
Amount entitled to priority \$		Amount of arrearage a secured claim, if any	nd other charges \$	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)	(B) I''			
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 before filing of the bankruptcy petition or cassation of the debtor's	_	Up to \$2,225° of deposits tow services for personal, family, o	or household use -1	1 U.S.C § 507(a)(7).
business, whichever is earlier - 11 U.S C. § 507(a)(4).		Taxes or penalties owed to go Other - Specify applicable per		
Contributions to an employee benefit plan - 11 U.S.C § 507(a)(5).	t	* Amounts are subject to adju		
		with respect to cases commer		date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ 16, 377 74	\$	\$		\$ <u>16,377.74</u>
(unsecured) Check this box if claim includes interest or other charges in addition	•	secured) amount of the claim. Attach ite	(priority) mized statement o	(Totul) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been 7 SUPPORTING DOCUMENTS Attach copies of supporting running accounts, contracts, court judgments, mortgages, secu DOCUMENTS If the documents are not available, explain. If 8 DATE-STAMPED COPY To receive an acknowledgment of the contract of the	<u>documents.</u> s rity agreemen the document:	uch as promissory notes, pur ts, and evidence of perfection are voluminous, attach a su	chase orders, inv n of lien. DO NO mmary	orces, itemized statements of T SEND ORIGINAL
proof of claim		•		
The original of this completed proof of claim form must be ACCEPTED) so that it is actually received on or before 5:00 for each person or entity (including individuals, partnershing overnmental units) BY MAIL TO-	pm, prevaili ps, corporatio	ng Pacific time, on Novemb one, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO- BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO	>	
Attn USACM Claims Docketing Center	Attn US	ACM Claims Docketing Cente	or .	
P O Box 911 El Segundo, CA 90245-0911		t Franklin Avenue do, CA 90245		
DATE . SIGN and print the name and title, if any,	of the creditor o	r other person authorized to file		
27 Mov 06 this claim (attach capy of power of				USA CMC
				10/2001490

	tered 05/09/11 15:16:16 Page 10 of 12
DISTRICT OF NEVADA	OOF OF CLAIM
1	umber (LBR)
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 11321241000651	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
GARY D WARD IRA 26077 CHARING CROSS RD VALENCIA CA 91355-2029	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address Check box if this address
Creditor Telephone Number (&) ZSS Z459	differs from the address on the envelope sent to you by the court If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Chock here replaces or a previously filed claim dated amends
	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Services performed Taxes Last fo	, salanes, and compensation (fill out below) Under claims against service (not for loan balances)
Money loaned Other (describe briefly) Unpai	compensation for services performed from to(date) (date)
2 DATE DEBT WAS INCURRED 8/11/05 3 IF	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations	cribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	a right of setoff)
UNSECURED PRIORITY CLAIM	Brief description of collateral Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 75 00	with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$\frac{15.00}{\text{(unsecured)}}\$	
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemized statement of all interest or additional charges
DOCUMENTS If the documents are not available explain. If the documents are not available explain if the documents are not available explain. If the documents are not available explain if the documents are not available explain.	such as promissory notes, purchase orders invoices, itemized statements of ints, and evidence of perfection of lien DO NOT SEND ORIGINAL is are voluminous, attach a summary
proof of claim	
The onginal of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ing Pacific time, on November 13, 2006 USE ONLY
	O OR OVERNIGHT DELIVERY TO
Attn USACM Claims Docketing Center Attn U	· · · · · · · · · · · · · · · · · · ·
P O Box 911 1330 E	ACM Claims Docketing Center st Franklin Avenue FILED OCT 2 0 2006
	ndo CA 90245
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of aftorney if any	or other person authorized to file USA CMC

PURM BIU (CIII	an Point to) (Toros)							
UNITED STATES	BANKRUPTCY COURT	I	Disti	RICT O	F Ne	vada		PROOF OF CLAIM
Name of Debtor	JSA COMMERCIAL MORTGAGE	Ca	sc Ne	umber (06-107	725-LBR		
	should not be used to make a claim for an admini- quest for payment of an administrative expense ma						ncnt	
debtor owes money	The person or other entity to whom the y or property) TS ON LIMITED PARTNERSHIP	, ,	ise ha	as filed	a proof Attach c	aware that anyon of claim relating copy of statement	g to	
	where notices should be sent MITED PARTNERSHIP		Check	box if	you hav	ve never receive ikruptcy court in		
LAS VEGAS, N Telephone number		a t	ddres he co	ss on the	e envek	ress differs from ope sent to you l		THIS SPACE IS FOR COURT USE ONLY
identifies debtor				claim			dy filed	i claim dated
✓ Money			[W La Ui	ages sa st four apaid c		npensat SS # or servi	ces performed
Other -		12						(uac)
2. Date debt v	JUNE, 2005	•	3.	if cour	t judg	ment, date obt	ained.	
See reverse side Unsecured Non Check this b b) your claim exce only part of your of Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages, salarie days before filing of business, whicheve	ox if you have an unsecured claim all or part of v	which is	Or U Oo §	Amount secured by to \$2 r service \$507(a) haxes or other - Sunts arouth responsible for the secure of the secure o	Check to of settle of settle of settle on the of arm delaim penaltrispecify e subject to of the of t	his box if your coff) escription of Co l Estate M f Collateral S rearage and other i, if any S of deposits towarersonal family tes owed to gove applicable paraget to adjustment cases commence	claim is listeral fotor V ; UNE or charge rd pure or hou ernment graph o	secured by collateral (including enicle Other————————————————————————————————————
				00,00 (unaccum	d	100,000 (secured)	(рі	100,000 (Total)
interest or soci							Attach	itemized statement of all
7 Supporting D orders invoices agreements, and documents are in 8. Date-Stamped	te amount of all payments on this claim has been of of claim occuments: Attach copies of supporting documents itemized statements of running accounts, control evidence of perfection of lien. DO NOT SEN not available explain. If the documents are voluing Copy. To receive an acknowledgment of the filippe and copy of this proof of claim. Sign and print the name and title, if any, of the file this claim (attach copy of power of attority).	ents, such course of your course of	ch as irt juc GINA attac	promis dgment L DOC th a sun claim, e	sory notes, mortes of the control of	otes, purchase gages, security NTS If the a stamped, self-	FI	HES SEMILE E HOR COURT USE ONLY LED JAN 16 2007
	tall	<u> </u>	\leq	1	200	7		USA CMC

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C

1072502360

ZOE BROWN

2877 Paradise Road, #803 Las Vegas NV 89109

Tel 702-791-0066* Cell 702 525-3311 8 Fax 702-869-4810

Via E-mart & US Mail

November 9, 2006

RE USA Capital/Marlton Square Vesting Name Zoe Brown 1989 Family Trust, Zoe Brown TTEE Client ID 1568

My original investment in Marlton Square on /about June of 2005 was

\$50,000 00

There has been no repayment of principal

With regard to the Investor History Report, I agree that I have only received

\$4,149 28

I also note from the report that interest is accruing on this loan and I'm due an additional

\$3,895 67

I m in total disagreement with the Loan Summary dated June 30, 2006 which states my investment of \$50,000 00 but says I'm due \$0 00!

Owed and due to me is: My Original Principal of \$50,000.00 plus the accrued interest

I understand that certain investors in this very same fund are receiving payments

I demand to know why I'm not receiving payments

It is imperative that I receive a corrected statement as well as a payment, and an acknowledgement that I'm owed the \$50,000 00

Very truly yours,

Zoe Brown, TTEE

Zoe Brown 1989 Family Trust

FILED NOV 1 4 2006

Enclosures

Loan Summary dated June 30, 2006 (1 page)

Investor History Report dated September 30, 2006 (2 pages)

cc BMC Group

Thomas J Allison, Chicago, IL

